

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FORM 1001 (10/02)

DOCUMENT # B98000000278



1. Entity Name
CRF DESIGN STUDIO LIMITED PARTNERSHIP

FILED
03 MAR 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**C/O CONTINENTAL REALTY CORP.
17 WEST PENNSYLVANIA AVE., SUITE 500
TOWSON MD 21204**

Mailing Address
**C/O CONTINENTAL REALTY CORP.
17 WEST PENNSYLVANIA AVE., SUITE 500
TOWSON MD 21204**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **52-2092366**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAPLES LAWDOCK, INC.
4501 TAMIAM TRAIL N., SUITE 300
NAPLES FL 34103-3060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **930,000⁰⁰**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F98000002431**
NAME **CRF DESIGN STUDIO, INC.**
STREET ADDRESS **17 WEST PENNSYLVANIA AVE., SUITE 500**
CITY-ST-ZIP **TOWSON MD 21204**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *By: William H. Kenner* **CRF Design Studio Inc. GR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William H. Kenner **2/26/03** **410-296-4800**

Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE